PATENT A PLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/ 93690 0					
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)			mn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			:			12 sore 18	RA	TE	FEE		RATE	FEE	
FO	R		NUMBER F	ILED	NUMBER EXTRA		BASIC	BASIC FEE		OR	BASIC FEE	860	
то:	TAL CHARGEAL	E CLAIMS	3 minus 20=		.]		xs	9=		OR	X\$18=	198	
IND	EPENDENT CL	: MS	minus 3 =		. /		X4	0=		OR	X80≃	80	
MULTIPLE DEPENL: ENT CLAIM			RESENT				+135:			OR	+270=		
* If the difference in column 1 is			les's than zero, enter "0" in column 2			TOT	AL		OR	TOTAL	138		
Ci.AIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	ALL E	ENTITY	OR	OTHER SMALL E			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	3/	Minus	,3	7	= /	X\$	9=		OR	X\$18=		
N E N	Independent	2	Minus	4 /		=	X40)=		OR	X80=		
A	FIRST PRESE	TATION OF ME	JLTIPLE DEP	ENDEN	CLAIM		+13	5-		OR	+270=		
						1	OTAL			TOTAL			
							ADDIT, FEEOR ADDIT, FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	2-41 - 1 3-41 - 1	NUN PREVI	MN 2) HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
No.	Total	•	Minus	••		= .	X\$	9=		OR	X\$18=		
MEN	Independent	•	Minus	•••		=	X4	0=		OR	X80=		
K	FIRST PRESE	TATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			35=		OR			
								OTAL	}	-		 	
								. FEE		lou	ADDIT. FEE		
<u></u>		(Column 1) CLAIMS REMAINING AFTER	- Fg 347	HIG NU	umn 2) HEST MBER KOUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL	1	RATE	ADDI- TIONAL	
	er they e	AMENDMENT	TON THE PER		FOR				·FEE	-		FEE	
MENDMENT			Minus	-		=	X\$	9=		OR		<u> </u>	
113	Independent	1 •	Minus	***		I	Y/	lO-	ī		X80=	1	

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Ni i ther Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OR ADDIT.

The "Highest Ni i ther Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESL ITATION OF MULTIPLE DEPENDENT CLAIM

OR

IOR

X40=

+135=

X80=

+270=

TOTAL ADDIT. FEE

Application or Docket Number